STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085026	A. BUILDING _____ B. WING _____	05/11/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONEGATES	4031 KENNETT PIKE GREENVILLE, DE 19807

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced annual survey was conducted at this facility from May 5, 2011 through May 11, 2011. The deficiencies contained in this report are based on observation, interviews, review of residents' clinical records and review of other facility documentation as indicated. The facility census the first day of the survey was 38. The survey Stage 2 sample totaled twenty two (22) residents.	F 000		
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on observation, record review and	F 279		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Kim M Carr | administrator | 6/2/2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 279	Continued From page 1 interview, it was determined that the facility failed to develop a care plan for 3 (R29, R32 and R51) out of 22 stage 2 sampled residents. The facility failed to develop care plans with measurable goals and interventions for psychotropic drug use for R29, R32 and R51. Findings include: Review of the Care Plan policy, last revised 10/10 revealed, "The resident's comprehensive care plan is developed within seven (7) days of the completion of the resident's comprehensive assessment (MDS)". 1. R32 had diagnoses of dementia with delusions and agitation. R32's physician ordered the medications Risperdal (anti-psychotic) on 12/28/10, Clonazepam (anti-anxiety/agitation) on 3/8/11 and Ativan (anti-anxiety) as needed on 1/6/11. Review of the annual Minimum Data Set (MDS) assessment, dated 3/29/11, revealed that R32 received both anti-psychotic and anti-anxiety medications in the past 7 days. The Care Area Assessment (CAA) Summary, dated 3/31/11, revealed it triggered for psychotropic drug use and was checked for care planning. However, no care plan was developed for psychotropic drug use for R32. On 5/10/11 during an interview, findings were confirmed by both E2 (DON) and E3 (LPN, MDS Coordinator). 2. R51 was admitted to the facility on 11/27/10 with diagnoses that included dementia and chronic insomnia. Admission orders, dated 11/27/10 included an order for Temazepam	F 279	The three residents affected have been reviewed and care plans put in place as appropriate. All residents receiving psychotropic medications will be reviewed by DON/ MDS Coordinator for appropriate care planning. Any resident who receives a new order for a psychotropic medication will be reviewed by the MDS Coordinator/designee for implementation of an appropriate care plan. The monthly psychotropic medication report will be reviewed by the DON/MDS Coordinator to determine that all residents receiving psychotropic medications will have an appropriate care plan related to the use of psychotropic medications.	5/10/2011 6/30/2011 6/30/2011 6/30/2011

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F 279	Continued From page 2 (hypnotic) 15 mg by mouth at bedtime for chronic insomnia. The 12/8/10 admission Minimum Data Set (MDS) assessment stated R51 was having trouble falling asleep or staying asleep and had received a hypnotic during the past seven (7) days. Although the Care Area Assessment (CAA) Summary triggered for Psychotropic Drug Use, it was not checked off to be care planned and there was no documentation stating the rationale as to why care planning was not done. Review of the clinical record revealed that although the facility was monitoring R51 for potential side effects from the use of the Temazepam, they failed to develop a care plan for it's use. During an interview with E2 (Director of Nursing) and E3 (MDS Coordinator) on 5/10/11, they both stated that although they monitor for side effects of the medication, it was not a problematic area for the resident thus they did not care plan for it. 3. R29 had diagnoses of dementia with delusions and agitation. R29's physician ordered Clonazepam, an anti-anxiety/agitation medication beginning 2/18/11. Review of the quarterly Minimum Data Set (MDS) assessment, dated 3/16/11, revealed that R29 was coded for an anxiety disorder and had received anti-anxiety medication in the past 7 days. Review of R29's 5/11 MAR (Medication Administration Record) and 5/11 Behavior	F 279		

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F 279	Continued From page 3 Monitoring Sheet revealed that R29 continued to receive this medication and was being monitored for side effects. However, no care plan was developed for psychotropic drug use for R29. During an interview on 5/10/11 at 3:05 PM, E3 (LPN, MDS Coordinator) stated that when R29's care plans had been reviewed on 3/22/11, it was noted that R29 had been "...Started on Klonopin (brand name for Clonazepam)", that she should have incorporated "to monitor for side effects for Klonopin." Findings were confirmed by E3 during an interview on 5/10/11. The facility failed to develop a care plan with measurable goals and interventions to address the use of a medication and to prevent adverse effects or side effects for R29's medication, Clonazepam (Klonopin).	F 279		
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observations made in the dietary department, staff interviews and facility documentation review, it was determined that the	F 371	The facility has now purchased pasteurized eggs and has developed a new procedure to allow for the serving of pasteurized over-easy eggs or soft poached eggs. The Director of Food Services/Executive Chef and the Dietician will monitor adherence to the procedure on an ongoing basis.	5/11/2011

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F 371	Continued From page 4 facility failed to prepare and serve food under sanitary conditions when they served undercooked unpasteurized shelled eggs to one resident (R39). This has the potential for a food borne illness. Findings include: Observations in the kitchen on 5/5/11 at 10:15 AM revealed unpasteurized shell eggs stored inside the reach-in refrigerator. Interview with E7 and E8 (both dietary staff) on 5/5/11 revealed that they served the unpasteurized shelled eggs to one resident (R39) cooked over-easy and soft poached. E7 stated that they served the eggs this way when they had a doctor's order for the resident. Review of nurses notes revealed that R39 requested soft cooked eggs on 6/19/09. The risks associated with the use of the eggs undercooked was explained to the resident. A doctor's order dated 5/4/11 indicated "it was ok for R39 to have eggs cooked over-easy or poached soft". Interview with E4 (Food Services Director/Executive Chef) on 5/9/11 confirmed this finding. He stated that they served eggs cooked over-easy and soft poached to accommodate residents' request. The facility has now purchased pasteurized eggs, and developed a new procedure to allow serving residents pasteurized over-easy eggs or soft poached eggs.	F 371		
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and	F 441		

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F 441	Continued From page 5 to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observations during the tour of the laundry room and staff interview, it was	F 441		

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F 441	Continued From page 6 determined that the facility failed to prevent the spread of infection during the handling of linens as reflected by the clean and dirty linen rooms sharing a common exhaust vent. The facility failed to provide a room under negative pressure for the washing of soiled linen. Findings include: The facility's Infection Control Policy was reviewed. The procedure entitled "Laundry Guidelines" under "Laundry Facility" stated that "The laundry room area should be well ventilated and maintained under negative pressure". Observations of the laundry room washer area with E5 (Director of Housekeeping) on 5/10/11 at 11:32 AM revealed an exhaust vent grill that was directly connected on the wall to the clean area of the laundry. The exhaust system was observed on the dryer side. The washer area was not observed under negative pressure and was missing a vent system that directly exhausted the dirty air to the outside of the facility. This had the potential for introducing contaminated air from the soiled linen washer area to the clean linen in the dryer area. Interview with E6 (Plant Services Director) on 5/10/11 confirmed this finding.	F 441	Ductwork will be installed and/or re-routed in the laundry area to assure the area is well ventilated and maintained under negative pressure. The soiled linen area will be maintained under negative pressure and tied into the existing ventilation system which is directly vented to the outside. The Director of Plant will be responsiblefor monitoring completion of the work and maintaining compliance in the future.	6/15/2011

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Long Term Care Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

NAME OF FACILITY: Stonegates

DATE SURVEY COMPLETED: May 11, 2011

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	An unannounced annual survey was conducted at this facility from May 5, 2011 through May 11, 2011. The deficiencies contained in this report are based on observation, interviews, review of residents' clinical records and review of other facility documentation as indicated. The facility census the first day of the survey was 38. The survey Stage 2 sample totaled twenty two (22) residents.	
3201	**Regulations for Skilled and Intermediate Care Facilities**	
3201.1.0	**Scope**	
3201.1.2	**Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.** **This requirement was not met as evidenced by:** Cross refer to CMS 2567-L survey report date completed 5/11/11, F279 and F441.	
3201.7.5	**Kitchen and Food Storage Areas.** **Facilities shall comply with the**	

Provider's Signature Kim M. Carr Title Administrator Date 6/2/11

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STATE SURVEY REPORT

NAME OF FACILITY: Stonegates

DATE SURVEY COMPLETED: May 11, 2011

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	Delaware Food Code. **3-302.13 Pasteurized Eggs, Substitute for Raw Eggs for Certain Recipes.** **Pasteurized eggs or egg products shall be substituted for raw eggs in the preparation of foods such as Caesar salad, hollandaise or Béarnaise sauce, mayonnaise, meringue, eggnog, ice cream, and egg-fortified beverages that are not:** **(A) Cooked as specified under Subparagraphs 3-401.11(A)(1) or (2); P or (B) Included in ¶ 3-401.11(D). P** **3-401.11 Raw Animal Foods. (Cooking)** **(A) Except as specified under ¶ (B) and in ¶¶ (C) and (D) of this section, raw animal foods such as eggs and foods containing these raw animal foods, shall be cooked to heat all parts of the food to a temperature and for a time that complies with one of the following methods based on the food that is being cooked:** **(1) 63oC (145oF) or above for 15 seconds for: P** **(a) Raw eggs that are broken and prepared in response to a consumer's order and for immediate service, P and** **(D) A raw animal food such as raw egg, raw fish, raw-marinated fish, raw molluscan shellfish, or steak tartare; or a partially cooked food such as lightly cooked fish, soft cooked eggs, or rare meat other than whole-muscle, intact beef steaks as specified in ¶ (C) of this section, may be served or offered for sale upon consumer request or selection in a ready-to-eat form if:**	The facility has now purchased pasteurized eggs and has developed a new procedure to allow for the serving of pasteurized over-easy eggs or soft poached eggs. The Director of Food Services/Executive Chef and the Dietician will monitor adherence to the procedure on an ongoing basis. 5/11/2011

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NAME OF FACILITY: Stonegates DATE SURVEY COMPLETED: May 11, 2011

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	(1) As specified under ¶¶ 3-801.11(C)(1) and (2), the food establishment serves a population that is not a highly susceptible population; **3-8 Special requirements for highly susceptible populations.** **3-801.11 Pasteurized Foods, Prohibited Re-Service, and Prohibited Food.** **In a food establishment that serves a highly susceptible population:** **(C) The following foods may not be served in a ready-to-eat form: P** **(2) A partially cooked animal food such as lightly cooked fish, rare meat, soft-cooked eggs that are made from raw eggs.** Cross refer to the CMS 2567-L survey report date completed 5/11/11, F371.	